



Symptomatic taking charge of systemic mastocitis

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Symptomatic treatment

- **H1 antihistamine**
- **Sodium cromoglycate per os** : to prevent degranulation of digestive mast cells
- **Biphosphonates** : to prevent osteoporosis
- **PUVAtherapy** : to sedate pruriginous cutaneous lesions

- **Emergency kit and prescription of a protocole of emergency care**
 - **Epinephrine** IM in case of cardio-respiratory distress. Available as an auto-injectable, pen ANAPEN in all French hospitals Pharmacies.
 - **Beta 2 adrenergic agonist** (Salbutamol or Terbutaline) in spray with inhaling room
 - **Corticosteroids** per os

(The basic treatment has to be adapted specifically to every case : corticotherapy, Interferon alpha, imatinib tyrosine kynase inhibitor and it is not at all the subject of the present practical paper)

Hygieno-dietetic measures

- Limit stimulating factors : frictions, thermic shocks (bath), and even physical exercises or intense kinds of emotion.
- Avoid being stung by insects, especially hymenopters (wasp, bee) ; avoid the contact with jellyfish, ray, processionary caterpillars, snake bites.
- Avoid any kinds of food favouring histamine liberation.



Type of food	Food to be avoided
Vegetables	Sauerkraut, strawberries, tomatoes (tomato sauce ++), spinach
Meat	Cooked pork meats (++), hanged game, offal
Fish Seafoods	Seafoods, smoked fish, fish with red flesh (tunny fish, mackerel, salmon), anchovy, nuoc man sauce
Other products of animal origin	Cheese with cooked paste : gruyere cheese, beaufort, gouda, great quantity of white egg
Drinks	Wines (alcohol)
Others	Chocolate, very spiced food, excessive use of caffeine and tea

Medecines not to be advised

Aspirin, non-steroidal anti-inflammatory drugs (NSAIDS)

Codeine and morphinics

Bromhydrate of dextrometorphan (cough sedative++)

Amphetamines

HL antibiotics : Vancomycin ++, Polymyxin B +/- colistine, Quinolones

Anti-hypertension : betablockers ++, Angiotensin converting enzyme inhibitors (ACEI), reserpin, hydralazin

Miscellaneous : Protamin, amphotericin BIV, scopolamine (mainly palliative care), pilocarpine (collyrium), injectable THIAMINE, QUININE ? NEOMYCIN ?

In case of achievement of examinations with use of iodized contrast products (ICP) :

Use a normo-osmolar ICP with a premedication by hydroxyzine the evening before and one hour before the test and corticotherapy _ mg/kg per day to be begun three days before the test.

In case of local anaesthesia :

Preferentyl, use an anaesthetic among the type lidocaine without conservative and vaso-constrictor.

In case of general anaesthesia and surgical intervention

- Reassure the patient, and, if possible, propose a "planned" intervention
- **Premedication** by H1 antihistamine (hydroxyzine) the evening before and one hour before the intervention.
Corticotherapy should be begun 3 days before, if possible.



- **The temperature** of the operating room should not be too low (need of specialized advice in case of ECC...). Concerns also the material used (operating table++) or the filling up solutions.
- Avoid filling up solutions containing **Dextrans**.
- Limit factors that may irritate skin (adhesives)
- Gentle intubation (in order to avoid traumatism of nasal fossae and of the laryngeal tractus)
- Avoid traumatic positions by protecting leaning points
- Invasive monitoring to be avoided except in case of surgical requirement.
- Post-operation analgesia : avoid morphine (histamine liberation)
- If a curare is required : slow injection (one minute) rather than a bolus (avoid use of Atracurium and Mivacurium, both being responsible of histamine liberation)
- If narcotic gas needed, preferably use Isoflurane among all kinds of halogen gas existing
- Syringe of epinephrine (1 mg in 9 ml NaCl 9°/°°) and an aerosol with a broncho-distending product (ready to use)

NB : In the very exceptional case in which mastocitis should be associated quite independently to a true allergy (relative to food, respiratory tractus or drug), evictions linked to this specific affection should be included and added to the treatment.

